

Acceptable *POC*
4/8/11 *mm*

PRINTED: 03/23/2011
FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5702AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/17/2011
NAME OF PROVIDER OR SUPPLIER ACACIA OASIS			STREET ADDRESS, CITY, STATE, ZIP CODE 8630 W NEVSO DR LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 2/17/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 50 Residential Facility for Groups which provides assisted living , Category II. The census at the time of the survey was 28. Ten resident files were reviewed and 15 employee files were reviewed. The facility received a grade of A.		Y 000	<i>Received 3-28-11</i>	
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.		Y 255 <i>ok</i> <i>per Susan</i>		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	<i>Benny Mann</i>	TITLE	<i>Executive Director</i>	(X6) DATE	<i>3-28-11</i>
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Revised 3-28-11

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Y 255	Continued From page 1 This Regulation is not met as evidenced by: Based on observation, interview and record review on 2/17/11, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1 Critical Violations: a. The person in charge of the assisted living serving kitchen at the time of the inspection was not food safety certified and could not answer basic questions about sanitation, sanitizer concentrations, or the purpose and use of sanitizer test strips. b. In the assisted living serving kitchen, there was an excessive amount of bleach in the bucket containing sanitizing solution (greater than 200 ppm), the sanitizing solution was in the bucket labeled detergent, and there were no sanitizer test strips available or used for monitoring the sanitizer concentration. 2. Cleaning and Sanitation Issues: a. The person serving food from the steam table in the assisted living serving kitchen did not have her hair properly restrained by a hair net or other approved means. Severity 2: Scope: 3 Y 393 449.226(4)(a)-(c) Safety Requirements SS=F NAC 449.226		Y 255	Y255: 1) The person working that day in the Oasis dining room was a Medication Aide filling in that had been trained, however, it had been several months ago. Due to this lapse in time for many of the Oasis universal workers that infrequently work in the Oasis kitchen/service area, we will be having a mandatory re-training for all Oasis universal workers (all caregivers, medication aides, and Health Services Director) on March 10, 2011, at 3:30pm (see attached meeting notes). This training will be done by the Executive Chef – Dave Ramsingh. This training will include explanation of a cheat sheet that will be placed on the wall in the Oasis service kitchen after the training that will remind them on sanitation requirements such as hair nets for those dishing the food (this was implemented on 2-17-11), how to properly mix the sanitizing solution (we do not use any bleach – we use a premixed sanitizer), the use, frequency, and location of the test strips, etc. 2) Our FT day and evening universal workers who are responsible for the Oasis dining room are registered for the next available Serve Safe class through Sysco Foods to be held on May 10, 2011. The March class is full. On the next available class following the May 10 th class, we will register the two PT Oasis dining universal workers and the Health Services Director. 3) Beginning on March 3, 2010, an employee from our main kitchen will be delivery the food to the Oasis service kitchen at every meal and dish up the food for the first 15 minutes of the dining service to assist the assigned universal worker and will serve an additional quality assurance check point to assure that hairnets and other sanitation measure are being complied with appropriately. 4) Executive Chef, his staff delivering the meals and dishing the food, and Health Services Director will be immediately responsible for the monitoring and correction, with assistance/support of Executive Director.	

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Y 936	<p>Continued From page 3</p> <p>the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 2/17/11, the facility failed to ensure 3 of 10 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1, #8 and #10).</p> <p>Severity: 2 Scope: 2</p>		Y 936	<p>Y936:</p> <ol style="list-style-type: none"> 1) All three residents that were not in compliance with their initial two-step TB test were residents that were in the community as independent residents prior to licensure. #1 was originally admitted 12/20/09, #8 on 7/01/07, and #10 on 11/01/04 – after research, I believe that there was not a clear understanding by the Assisted Living Coordinator (no longer employed) at that time, of the required timeframe for existing residents who were living in the independent living and making the transition to the assisted living after licensure on 01/21/10, to get the TB's started within the first five days like a new admission. Our existing Health Services Director, voices a clear understanding of this and has been consistently following the regulations since she assumed the role including this responsibility on April 16, 2010. Our community practice is to do the first insertion within the first 48 hours of residency. 2) Health Services Director has immediate responsibility for this correction, and Executive Director will have monitoring responsibility. 	

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